

KEITH ROBERTSON PETERS

License Number: ME56329

Data As Of 7/19/2025

Profession Medical Doctor
License ME56329
License Status Clear/Active
License Expiration Date 1/31/2026
License Original Issue Date 04/24/1989

Address of Record UNIVERSITY OF FLORIDA

BOX 100374 ARCHER ROAD

Yes

GAINESVILLE, FL 32610

Controlled Substance Prescriber

(for the Treatment of Chronic Non-

malignant Pain)

Discipline on File No Public Complaint No

Secondary Locations

Address

UNIV FL DEPT RAD JHMHC BOX 100374 GAINESVILLE, FL 32610

Discipline/Admin Action

Emergency Actions

No Emergency Actions Found

Discipline Cases

No Discipline Found

Public Complaints

No Public Complaint Found

If a link does not appear for the case number, we do not have a scanned copy of the final order available in our database. To obtain a paper copy, please contact Public Records by clicking the link below:

Discipline Public Records Request

You may also contact Public Records by telephone at (850) 245-4252, option 4 or by written correspondence at: Division of Medical Quality Assurance
Public Records
4052 Rold Correspondence Way Rin CO1

4052 Bald Cypress Way, Bin C01 Tallahassee, FL 32399-3251

Please include the following:

- 1. Full name and license number of the practitioner;
- 2. Name and address where documents are to be sent; and
- 3. If you require certification of the documents, a \$25 fee will be charged, in addition to the duplicating charges. Certification of the requested records will not be done unless specifically requested. An invoice will be sent to you and payment will be expected within thirty days. Upon receipt of payment, material will be sent to you.

Subordinate Practitioners

Name	Relationship	Profession	License	Effective Date
HARBOUR, KENNETH WAYNE	RADIOLOGIST ASSISTANT	RADIOLOGIST ASSISTANT	28	12/9/2011

Click on the License Number to view License Details for that Practitioner

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